

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506

Mail: PO Box 40919, Olympia, WA 98504-0919

Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION**
☐ Amended Petition in Case _____

DO NOT WRITE IN THIS SPACE

 RECEIVED
OLYMPIA, WA

2008 OCT 22 AM 11:11

 PUBLIC EMPLOYMENT
RELATIONS COMMISSION
Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

EMPLOYER Washington State Department of Corrections CONTACT PERSON Mr. Todd Dowler, Labor Relations Manager ADDRESS PO Box 41111 MS: 41105 CITY, STATE, ZIP Olympia WA 98504 TELEPHONE (360) 725-8417 ext. _____ FAX (360) 664-0271 E-MAIL tadowler@doc1.wa.gov	ATTORNEY OR REPRESENTATIVE ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE _____ ext. _____ FAX _____ E-MAIL _____
PETITIONER Teamsters Local Union No. 117 CONTACT PERSON Mr. Michael Beranbaum, Director ADDRESS 14675 Interurban Avenue South, Suite 307 CITY, STATE, ZIP Tukwila WA 98168 TELEPHONE (206) 441-4860 ext. _____ FAX (206) 441-3153 E-MAIL michael.beranbaum@teamsters117.org	ATTORNEY OR REPRESENTATIVE ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE _____ ext. _____ FAX _____ E-MAIL _____

INCUMBENT BARGAINING REPRESENTATIVE Indicate one.

- ☒ The parties are not currently represented for bargaining; OR
☐ The employees involved are currently represented by the organization below:

ORGANIZATION _____ CONTACT PERSON _____ ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE _____ ext. _____ FAX _____ E-MAIL _____	ATTORNEY OR REPRESENTATIVE ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE _____ ext. _____ FAX _____ E-MAIL _____
---	--

2. DESIGNATION OF REQUEST Indicate one.

- ☒ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.

- ☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.

- ☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.

- ☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.

- ☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.

4. OTHER RELEVANT FACTS Indicate one.

- ☐ Additional information is set forth on separate sheets of paper attached to this petition.

5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

3. BARGAINING UNIT

EMPLOYER'S PRINCIPAL BUSINESS	DEPARTMENT OR DIVISION INVOLVED
State Government	Corrections

COLLECTIVE BARGAINING AGREEMENT Indicate one.

- ☒ The parties have never had a contract; OR

- ☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.

Psychology Associates that work at Community Justice Centers.

 NUMBER OF
EMPLOYEES
IN UNIT 2
6. AUTHORIZED SIGNATURE FOR PETITIONER

PRINT NAME	Spencer Nathan Thal	TITLE	General Counsel
SIGNATURE		DATE	22 October 2008